**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 24 **Date of intake…** 19/03/2024

**Client Code…** A24 **Practicum Site…MTRH**

**Client’s demographic information (gender, age, number of siblings, marital status etc. Allow the client to share what s/he is comfortable with).  
Gender:**  Male **Age:** 37 **Marital status:** Married

**Relevant history concerning previous counselling treatment( if any)**No previous counselling experience

**The current situation (allow the client to share whatever has brought him/her for therapy).**Client attempted suicide by way of ingesting a pesticide poison. The motivation to do so was chronic alcohol use which led to marital conflicts which in turn brought feelings of despair and hopelessness to the client. He feels like there is no point in living anymore and suicide is the only way to end all the pain he and his family are going through.

**What is your initial assessment of the client; cognitively, emotionally, socially and physically in relation to his/her concerns?**Insight: The client demonstrates a commendable understanding of their circumstances and condition, reflecting insightful awareness.

Judgment: The client showcases prudent decision-making skills, indicating the ability to make sensible choices considering their circumstances.

Speech: The client communicates cohesively, expressing their thoughts and emotions with clarity and coherence.

Mood and Affect: Dysphoric , low mood mixed with feelings of sadness and despair

Social Behaviour: The client engages in appropriate social interactions, demonstrating effective communication and interpersonal skills.

Appearance: The client presents themselves in a neat and well-kempt manner.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

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| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A24 | 19/03/2024 | 2.30 pm | 1 | 1 hour | MTRH |

**Client’s Concerns (Issue bringing him/her for therapy)**The client attempted suicide by ingesting a pesticide poison due to chronic alcohol use and marital conflicts, which resulted in feelings of despair and hopelessness. He perceives suicide as the only solution to end the pain he and his family are experiencing.

**Goal(s) for therapy**1. Explore the underlying factors contributing to the client's chronic alcohol use and marital conflicts.  
2. Develop coping strategies to manage feelings of despair and hopelessness, and enhance the client's resilience in facing life stressors.  
3. Promote open communication and collaboration between the client and his family to address relational conflicts and improve support systems.

**Interventions (state theories used)**1. Cognitive-Behavioural Therapy (CBT): CBT techniques were used to identify and challenge negative thought patterns contributing to the client's feelings of despair and hopelessness. The client learned coping skills to manage distressing emotions and develop more adaptive problem-solving strategies.  
2. Solution-Focused Brief Therapy (SFBT): SFBT principles were applied to explore the client's strengths and resources, focusing on identifying solutions and setting achievable goals to address his challenges. Emphasis was placed on identifying small steps the client can take to improve his situation and regain a sense of hope and purpose.  
3. Family Therapy: Family therapy sessions were conducted to address relational conflicts and improve communication within the client's family. Collaborative problem-solving and conflict resolution techniques were utilized to promote understanding and support among family members.

**Plans for next session**  
1. Continue exploring the client's alcohol use and marital conflicts to identify underlying issues and triggers.  
2. Implement coping skills and relaxation techniques to manage acute distress and prevent future suicidal ideation.  
3. Schedule follow-up family therapy sessions to address ongoing relational conflicts and strengthen familial support networks.

**Student Counsellor’s signature… Date…** 19/03/2024